

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CRAIG DAVIS, as parent and natural)
guardian of ANDREW DAVIS,) CIVIL ACTION
Plaintiff,) No. 05-30011-MAP
-against-)
CATAMOUNT DEVELOPMENT CORP.,)
CATAMOUNT DEVELOPMENT CORP,)
d/b/a CATAMOUNT SKI AREA,)
Defendants.)

)

**PLAINTIFF'S MOTION TO SUBSTITUTE AND
CORRECT EXHIBIT
(ASSENTED TO BY DEFENDANT)**

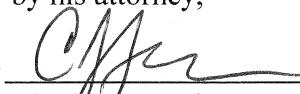
Now comes Plaintiff Craig Davis o/b/o Andrew Davis and moves this Court for permission to substitute the attached Incident Report Form as the correct Exhibit 12 (in opposition to Defendant's Motion For Summary Judgment). In further support, Plaintiff states:

1. The incorrect accident report was erroneously annexed to Plaintiff's Opposition To The Motion For Summary Judgment as Exhibit 12. It does not involve this Plaintiff and was copied from a group of accident reports produced during discovery.
2. The correct Exhibit 12, relating to Andrew Davis's accident at Catamount is annexed hereto.
3. Defendant has assented to this substitution (*see* Defendant's Reply Brief in Support of its Motion For Summary Judgment, p. 2, fn. 1).

Respectfully Submitted,

Craig Davis, as parent of Andrew Davis, Plaintiff
by his attorney,

October 24, 2006


Charles J. Ferris
500 Main Street
Great Barrington, MA 01230
413 528-8900
413-528-9132 facsimile
BBO # 565630

CERTIFICATE OF SERVICE

On October 24, 2006 Plaintiff served the foregoing upon William L. Keville, Jr.,
Counsel for Defendant, electronically.


Charles J. Ferris



<input type="checkbox"/> ON-HILL <input type="checkbox"/> LIFT <input type="checkbox"/> PREMISE <input type="checkbox"/> TUBING HILL	DESCRIBE SPECIFIC LOCATION: Connector from CATAMARAN to On stage @ top of slope	DATE 1/25/04 TIME OF INCIDENT 9:25 AM PM			
		<input type="checkbox"/> EASIER <input type="checkbox"/> MORE DIFFICULT <input type="checkbox"/> MOST DIFFICULT <input type="checkbox"/> EXPERTS ONLY♦♦ <input type="checkbox"/> FREESTYLE TERRAIN <input type="checkbox"/> NOT APPLICABLE			
NAME Andrew Davis ADDRESS 724 Westwick St CITY Latrell TELEPHONE 863-935-9904		SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DOB 2/18/96 AGE 7 HT _____ WT. 70			
ABILITY <input type="checkbox"/> BEG <input type="checkbox"/> ON/APP <input type="checkbox"/> INTERMEDIATE <input checked="" type="checkbox"/> ADV/EXPERT	LESSONS <input type="checkbox"/> IN LESSON INSTR _____ <input type="checkbox"/> N/APPLICABLE	NUMBER OF TIMES ON: TRAIL <input type="checkbox"/> TODAY LIFT <input type="checkbox"/> PRIORITY OTHER <input type="checkbox"/>	EQUIPMENT REMOVED BY: <input checked="" type="checkbox"/> FALL <input type="checkbox"/> PATROL <input type="checkbox"/> INURED <input type="checkbox"/> OTHER 15 Father		
PRIOR INJURY/ILLNESS- DESCRIBE CORRECTIVE LENSES NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO LIST ANY MEDS TAKEN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALLERGIES/MEDICAL ALERT DESCRIBE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		YEAR INJURED MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO TICKET TYPE <input type="checkbox"/> SEVERNS POSS GROUP NAME _____			
<input type="checkbox"/> ALPINE <input type="checkbox"/> NORDIC <input type="checkbox"/> SNOWBOARD <input type="checkbox"/> OTHER EQUIP:	OWNED <input type="checkbox"/> <input type="checkbox"/> AREA RENTAL <input type="checkbox"/> <input type="checkbox"/> OTHER RENTAL <input type="checkbox"/> <input type="checkbox"/> BORROWED <input type="checkbox"/> <input type="checkbox"/> DEMO <input type="checkbox"/> ADDRESS <input type="checkbox"/>	BINDING MAKE _____ MODEL _____ SKI/BOARD # _____ BOOT # _____ SHOP NAME _____ ADDRESS _____	TOE <input type="checkbox"/> HEEL <input type="checkbox"/> TOE <input type="checkbox"/> HEEL HELMET RENTAL # _____		
SKier SKied into wood & snow fence. wood but not clearly marked. I was doing a drill with my team and skied into a post.					
THE ABOVE STATEMENT IS TRUE AND CORRECT					
INJURED'S SIGNATURE <i>Andrew Davis</i>					
PARENT/GUARDIAN SIGNATURE <i>J. C. Davis</i>					
<input type="checkbox"/> FRACTURE <input type="checkbox"/> SPRAIN/STRAIN	<input type="checkbox"/> PUNCTURE/LACERATION <input type="checkbox"/> BRUISE/CONTUSION	<input type="checkbox"/> ABRASION <input type="checkbox"/> CONCUSSION	<input type="checkbox"/> DISLOCATION <input type="checkbox"/> FROSTBITE <input type="checkbox"/> OTHER		
<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BOTH <input type="checkbox"/> MULTIPLE	UPPER LEG <input type="checkbox"/> KNEE <input type="checkbox"/> LOWER LEG <input type="checkbox"/> ANKLE <input type="checkbox"/> FOOT <input type="checkbox"/>	HIP <input type="checkbox"/> ABDOMEN <input type="checkbox"/> CHEST <input type="checkbox"/> BACK <input type="checkbox"/> NECK <input type="checkbox"/>	SHOULDER <input type="checkbox"/> ARM <input type="checkbox"/> WRIST <input type="checkbox"/> HAND <input type="checkbox"/> THUMB <input type="checkbox"/>	HEAD <input type="checkbox"/> FACE <input type="checkbox"/> EYE <input type="checkbox"/> NOSE <input type="checkbox"/> MOUTH <input type="checkbox"/>	TEETH <input type="checkbox"/> OTHER <input type="checkbox"/> Bloody nose Abusing on Right knee
ON HILL: Board for coach & go					
AT FIRST AID STATION: Pediatric leg splint Right leg.					
I REFUSE FIRST AID: INJURED'S SIGNATURE (PARENT/GUARDIAN IF MINOR)					
AT SCENE: But a Joe, Ruth Rib TRANSPORTING: <i>Ross</i>		AT FIRST AID STATION: But a Joe, Cindy Rib TRANSPORTING: <i>Caren</i>			
<input type="checkbox"/> PATROL/TOBOGGAN <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER	<input type="checkbox"/> AMBULANCE <input type="checkbox"/> CAR/BUS <input type="checkbox"/> WALKING OUT	DESTINATION: <input type="checkbox"/> HOME <input type="checkbox"/> LODGE <input type="checkbox"/> RETURN SKIING <input checked="" type="checkbox"/> MEDICAL FACILITY: Sharon			
SURFACE AT SCENE: <input type="checkbox"/> POWDER <input type="checkbox"/> CORN <input type="checkbox"/> VARIABLE <input type="checkbox"/> PACKED POWDER <input type="checkbox"/> LOOSE GRANULAR <input type="checkbox"/> FROZ GRAN/HARD PACKED <input type="checkbox"/> WET <input type="checkbox"/> OTHER	VISIBILITY: <input type="checkbox"/> CLEAR <input type="checkbox"/> OVERCAST <input type="checkbox"/> FOG	TEMPERATURE: <input type="checkbox"/> BELOW 0 <input type="checkbox"/> 0-32 <input type="checkbox"/> ABOVE 32	WIND: <input type="checkbox"/> CALM <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH		
NAME <i>Andrew Davis</i> ADDRESS <i>724 Westwick St</i>	PHONE <i>863-935-9904</i> CITY <i>Latrell</i> STATE <i>VA</i> ZIP <i>23117</i>				
NAME _____ ADDRESS _____	PHONE _____ CITY _____ STATE _____ ZIP _____				

SIGNATURE OF INDIVIDUAL COMPLETING REPORT:

PRINT NAME: *Judy Carter*DATE REPORT COMPLETED: *1/15/04*

Rev. 9/03